

January 3, 2017

Dear Prescriber:

Opioid toxicity and abuse is a public health concern in the United States. There has been an alarming increase in the number of opioid-related deaths. From 1999 to 2014 more than 165,000 people have died in the U.S. from overdoses related to prescription opioids. Opioid prescribing continues to fuel the epidemic.¹

Benefits of high-dose opioids for chronic pain are not established. At the same time, risks for serious harm related to opioid therapy increases at higher opioid dosage. Dosages of 50-100 morphine milligram equivalents (MME)/day have been found to increase risks for opioid overdose by factors of 1.9 to 4.6 compared to lower doses.²

Given this information, Molina Healthcare of Utah will implement lower dose limits for opioids beginning on February 1, 2017. Prior authorization (PA) will be required for any members whose daily doses exceed 120mg/day of morphine milligram equivalents.

In evaluating PA requests for doses above these new limits, Molina Healthcare of Utah will be looking for supporting documentation including, but not limited to, pain consultation supporting the dose requested, signed and dated patient prescriber agreement and medical records documenting treatment plan including rationale for high dose and titration to current dose and plan.

Safe and appropriate opioid prescribing and utilization is a priority for all of us in healthcare. We appreciate your continued support and dedication to providing high quality care to Molina Healthcare of Utah members.

Sincerely,

John Vu, PharmD Director of Pharmacy

folm V, PHHEND

References

- 1. The Centers for Disease Control and Prevention. Injury Prevention and Control: Prescription Opioid Overdose Data. Available from: http://www.cdc.gov/drugoverdose/data/overdose.html
- 2. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain United States, 2016. MMWR Recomm Rep 2016;65:1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1.